

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ORIGINAL OR AMENDED

Association) a. Candidate Full Name (Last, First, M.I.):	STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES	
3. Full Name of Committee (must include Candidate's first and last name): 4a. Candidate Full Name (Last, First, M.L): ### Application: ### A	2. Type of Filing: Original	not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.
4a. Candidate Full Name (Last, First, M.): Chemical Bank	3. Full Name of Committee (must include Candidate's first	of committee funds. (Michigan Bank, Credit Union or Savings & Loan
4d. Office Sought (Check one): Governor State Rep. Sec. of State Attorney Gen. State Bd. of Ed. Uoth Reg. MSU Trustee WSU Gov. Supreme Court Municipal Court Municipal Court Local or other please specify: Fraser Tw. Trustee 4e. District Crout # or Jurisdiction: 5. Date Committee was Formed: 6a. Committee Phone #: 6b. Committee E-mail Address: Rugetisfein Set Juriste 6c. Committee E-mail Address: Rugetisfein Set Juriste 8. Treasurer Name and Complete Address: Rugetisfein Set Juristee 8. Treasurer Name and Complete Address: Rugetisfein Set Juristee 8. Treasurer Name and Complete Address: Rugetisfein Set Juristee 8. Designated Record Keeper Name and Complete Address: Rugetisfein Set Juristee Remail Address Set	4a. Candidate Full Name (Last, First, M.I.): Rugenstein, Renee L 4b. Political Party (if applicable): Fracer Twp. TNUStee	1 Ohamen (12.0V) —
Governor	· '	b. Secondary Depository
4e. District/Circuit # or Jurisdiction: 5. Date Committee was Formed: 6a. Committee Phone #: 6b. Committee Fax #: 6c. Committee E-mail Address: Rugenstein 5C Juriscon 7a. Complete Comm. Mailing Address (May be PO Box): 6b. Complete Comm. Mailing Address (May be PO Box): 6c. Complete Comm. Mailing Address (May be PO Box): 6c. Complete Comm. Street Address (May not be PO Box): 6d. Complete Comm. Street Address (May not be PO Box): 6d. The Wood Road 6d. Committee Address (May not be PO Box): 6d. The Wood Road 6d. The Wood Road 6d. The Wood Road 6d. Committee Address (May port be PO Box): 6d. The Complete Comm. Mailing Address (May not be PO Box): 6d. The Wood Road 6d. The State and spends or receives \$20,000 in the precaration of the assist you in meeting this requirement. 6d. Committee E-mail Address (May not be PO Box): 6d. The Wood Road 6d. The Campaign Finance Act requires and spends or receives \$20,000 in the precaration of the assist you in meeting this requirement. 6d. The Wood Road 6d. The Wood R	Governor Lt. Governor State Senator State Rep. Sec. of State Attorney Gen. State Bd. of Ed. UofM Reg. MSU Trustee WSU Gov. Supreme Court Appeals Court Circuit Court District Court Probate Court	Committees: Check if this committee intends to seek qualifying
with the Secretary of State and spends or receives \$20,000 in the preceding calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement. 6c. Committee E-mail Address: Rugenstein Set June Control Ta. Complete Comm. Mailing Address (May be PO Box): 235	Local or other please specify: Fraser Tw. Trustee	with the Michigan Department of State Bureau of Elections only and
7a. Complete Comm. Mailing Address (May be PO Box): 235	6a. Committee Phone #: (989) 491-5848 6b. Committee Fax #:	with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.
Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily. 7b. Complete Comm. Street Address (May not be PO Box): SAME 4. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filling electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date) Phone #: Carrent Treasurer: Current Treasurer: Designated Record Keeper (Required only if filing electronically):	3	excess of \$20,000 and is required to file electronically.
7b. Complete Comm. Street Address (May not be PO Box): \$\int GAME \] 8. Treasurer Name and Complete Address: \$\int Run \		Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically
8. Treasurer Name and Complete Address: Completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date) Candidate: Candidate: Current Treasurer: Current Treasurer: Designated Record Keeper (Required only if filing electronically):		14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures
Phone #: Designated Record Keeper (Required only if filing electronically):	Fenu Rugenstün. 1235 E. Linwood Rd 1236 ME 48634	completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
Phone #: Designated Record Keeper (Required only if filing electronically):	E-mail Address:	Kule Myeusella 5/20/08
Phone #: Designated Record Keeper (Required only if filing electronically):	Designated Record Keeper Name and Complete Address:	Current Treasurer: Land Colored 5/20/08
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